

<div style="display: flex; justify-content: space-between;"> Case 2:15-cv-00017-JRG-RSP Document 63 Filed 06/03/15 Page 1 of 1 PageID #: 1510 Administrative Office of the United States Courts </div>					<div style="display: flex; justify-content: space-between;"> FOR COURT USE ONLY DUE DATE: </div>	
TRANSCRIPT ORDER						
<i>Please Read Instructions:</i>						
1. NAME Melissa R. Smith			2. PHONE NUMBER (903) 934-8450		3. DATE 6/3/2015	
4. MAILING ADDRESS 303 South Washington Ave.			5. CITY Marshall		6. STATE TX	7. ZIP CODE 75670
8. CASE NUMBER 2:15-cv-17		9. JUDGE Payne		DATES OF PROCEEDINGS		
12. CASE NAME Ericsson Inc. et al v. Apple Inc.		10. FROM 5/29/2015		11. TO 5/29/2015		
15. ORDER FOR		LOCATION OF PROCEEDINGS				
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER		13. CITY Marshall		14. STATE TX		
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Hearing on [38] Motion for E		05/29/2015
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL <small>(Includes Certified Copy to Clerk for Records of the Court)</small>	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE /s/ Melissa R. Smith				PROCESSED BY		
19. DATE 6/3/2015				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00